



Monthly Group Insurance Commission (GIC) Effective July 1, 2009
Full Cost Rates Including 0.33% Administrative Fee

Employee and Non-Medicare Retiree/Survivor Health Plans

HEALTH PLAN	PLAN TYPE	INDIVIDUAL	FAMILY
Fallon Community Health Plan Direct Care	HMO	\$405.73	\$973.76
Fallon Community Health Plan Select Care	HMO	491.98	1,180.73
Harvard Pilgrim Independence Plan	PPO	526.29	1,273.72
Health New England	HMO	431.11	1,068.59
Navigator by Tufts Health Plan	PPO	519.07	1,250.70
NHP Care (<i>Neighborhood Health Plan</i>)	HMO	416.83	1,104.60
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	Indemnity	767.55	1,791.79
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	732.03	1,709.37
UniCare State Indemnity Plan/Community Choice	PPO-type	411.28	987.06
UniCare State Indemnity Plan/PLUS	PPO-type	532.44	1,270.66

Medicare Plans

HEALTH PLAN	PLAN TYPE	PER PERSON
Fallon Senior Plan *	Medicare (<i>HMO</i>)	\$200.16
Harvard Pilgrim Medicare Enhance	Medicare (<i>Indemnity</i>)	349.97
Health New England MedPlus	Medicare (<i>HMO</i>)	363.35
Tufts Health Plan Medicare Complement	Medicare (<i>HMO</i>)	321.63
Tufts Health Plan Medicare Preferred *	Medicare (<i>HMO</i>)	178.09
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (<i>Comprehensive</i>)	Medicare (<i>Indemnity</i>)	352.97
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (<i>Non-Comprehensive</i>)	Medicare (<i>Indemnity</i>)	342.36

*Rates are subject to federal approval and may change January 1, 2010.